



ALABAMA SECURITY REGULATORY BOARD

PERSONAL LICENSE APPLICATION

610 S. McDonough Street

Montgomery, AL 36104

(334) 269-9990

Fax (334) 263-6115

PERSONAL APPLICATION CHECKLIST

- ☐ **ASRB PERSONAL LICENSE APPLICATION*** (check the appropriate box)
 - ☐ 2 ea, Recent color pictures, separated, passport-style
 - ☐ Military Separation documents if applicable (DD-214 or equivalent)
 - ☐ Proof of Age (copy of a current state-issued driver's license/non-driver I.D. is sufficient)
 - ☐ Proof of Citizenship or Resident Alien Status (copy of a current state-issued driver's license/non-driver I.D. is sufficient)

- ☐ **ASRB CERTIFICATION OF TRAINING***

- ☐ **ASRB AUTHORIZATION FOR RELEASE OF INFORMATION***

- ☐ **CRIMINAL HISTORY INFORMATION RELEASE FORM*** (ABI-46) (***DO NOT SIGN SECTION 2***)

- ☐ 2 ea., **APPLICANT** fingerprint cards w/rolled fingerprints of applicant (Leave ORI and Reason BLANK)

Certified Check, Money Order, Cashier's Checks or business check from a Board-Licensed Contract Security Company for the following amounts;

- ☐ \$25.00: Qualifying Agent Personal License fee (to: Alabama Security Regulatory Board: Payee: ASRB)
- ☐ \$44.25: ABI Background check fee (certified check, money order or cashier's check ONLY, to: Alabama Bureau of Investigation)

Submit all forms and payments to the Board at:

Alabama Security Regulatory Board
610 S. McDonough Street
Montgomery, AL 36104

*** : Form must be notarized (ABI-46 can be witnessed by 2 persons instead)**

**ALABAMA SECURITY REGULATORY BOARD****PERSONAL LICENSE APPLICATION**

610 S. McDonough Street

Montgomery, AL 36104

(334) 269-9990 Fax (334) 263-6115

FOR BOARD USE ONLY

BY: _____ Approved ☐DATE: _____ Denied ☐

Each security officer of armed security officer requesting or renewing a license shall pay a nonrefundable security license fee of **\$25.00**. (**cashier's check, money order, or business check from a licensed Contract Security Company only**)

ABI-46 Must be completed and returned with two completed figure print cards along with Criminal Background check fee \$44.25. One certified check, money order or cashier's check in the amount of \$44.25 made payable to Alabama Bureau of Investigation is required.

Submit: 2 color photographs (passport size) photographs must show the subject in a frontal portrait.

NOTICE: This application must be typed or legibly printed in blue or black ink. All applicable questions must be answered. Indicate not applicable questions by entering "N/A" (not applicable) in the proper field.

Incomplete applications and applications that are not legible will be returned without consideration.

If space provided is not sufficient for complete answers, attach additional sheets as necessary. Number each answer to correspond with the question being answered.

This Application is for: ☐ New License/Certification
☐ License/Certification Renewal (Lic/Cert #: _____)

License/Certifications Applied for: (Check One) ☐ Security Officer ☐ Armed Security Officer
☐ Qualifying Agent Certification ☐ Certified Trainer 1 ☐ Certified Trainer 2

1. PERSONAL INFORMATION

Full Name (LAST, First, Middle)							Date of Birth (MM/DD/YYYY)	
Social Security Number	Race	Sex	Height	Weight	Eyes	Hair	Place of Birth (City, ST)	
Aliases (any other name you have been known by; e.g., Maiden Name, Married Name, etc... [DO NOT INCLUDE CASUAL NICKNAMES])								
Home Phone	Cell Phone			E-Mail				

2. RESIDENCES

Current Residence (Street Address, City, ST, ZIP)	How Long?
LIST ALL PRIOR RESIDENTIAL ADDRESSES FOR THE PAST 10 YEARS (Street Address, City, ST, and ZIP). Use additional sheets if needed.	
A	How Long?
B	
C	
D	

3. MILITARY SERVICE

Have You ever Served in the Military?	From	To	Type of Discharge
<input type="checkbox"/> No <input type="checkbox"/> Yes (answer questions to the right)			

If "Yes": include a copy of you Separation Document(s) (e.g., DD Form 214) with your application to the Board.

4. EMPLOYMENT

STARTING WITH THE MOST RECENT, LIST ALL EMPLOYMENT FOR THE PAST 10 YEARS (including part-time employment). All time must be accounted for. If unemployed for any time indicate by entering "Unemployed" in the 'Employer' field and enter the dates of unemployment. Use Additional Sheets if needed.

Employer Name, Address, & Telephone #	Dates		Position/Type of Work	Name of Supervisor	Reason for Leaving
	From	To			
A					
B					
C					
D					
E					

5. CRIMINAL HISTORY

Have You ever been arrested or charged with any violation (including traffic citations and UCMJ violations), misdemeanor, or felony? ☐ No ☐ Yes
(If 'Yes' provide details below, even if not formally charged, found 'Not Guilty', or if the charge was settled by payment of a fine or by pre-trial diversion)

Date	Jurisdiction	Charge	Final Disposition	Details (Use additional sheet if needed)

6. REFERENCES

LIST THE NAME, ADDRESS AND TELEPHONE NUMBER OF 3 UNRELATED AND DISINTERESTED PERSONS TO BE USED AS REFERENCES FOR BOARD INQUIRIES ABOUT YOUR STANDING, REPUTATION, AND CHARACTER.

1	
2	
3	

7. AFFIRMATION OF UNDERSTANDINGS

By signing this form, I affirm that I understand the following;

1. Licensure with the Alabama Security Regulatory Board (the Board) is a privilege, not a right, and my license may be revoked for violation of any law, rule, or regulation deemed relevant by the Board.
2. Making false statements to or providing false information to the Board is grounds for denial/revocation of licensure.
3. After I submit this application, I may work as a Security Officer or Armed Security Officer until the Board notifies me of either an approval or denial of personal licensure which will occur within a reasonable time following receipt of my application.
4. The Board will conduct a comprehensive background investigation to include a criminal history check and may include additional checks and verifications as determined by the Board.
5. I must keep Temporary License at the bottom of this page on my person at all times that I am performing any service or activity regulated by the Board until the Board either issues or denies my Personal License.
6. If the Board denies my Personal License, I must immediately stop performing any services or activities regulated by the Board upon receipt of notification of license denial.
7. If the Board denies personal licensure, I can appeal the denial decision to the Board following the procedures on the Alabama Administrative Procedures Act.
8. I must comply with all relevant laws, as well as all rules and regulations promulgated by the Board at all times when performing any activity regulated by the Board.

8. MANDATORY SWORN DECLARATIONS

By signing below, I certify and declare that;

1. I am 21 years of age or older if applying for an Armed Security Officer License, or 18 years of age or older if applying for a Security Officer License. (ATTACH PROOF OF AGE)
2. I am a citizen of the United States or a resident alien. (ATTACH PROOF OF CITIZENSHIP OR PROOF OF RESIDENT ALIEN STATUS)
3. I have never been convicted in any jurisdiction of the United States of any Felony or crime involving Moral Turpitude for which a full pardon has not been granted.
4. I have never been declared, by any court of competent jurisdiction, incompetent by reason of mental defect or disease, and competency has not been restored.
5. I am not suffering from habitual drunkenness or from narcotics addiction or dependence.
6. All information I have provided to the Board is true and accurate.

By signing this document the applicant affirms under penalty of perjury that the information provided is factually truthful.

STATE OF ALABAMA, COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS

APPLICANT SIGNATURE

____ DAY OF _____, _____

DATE

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

RECIEVED:

REVIEWED:

CRIMINAL HISTORY REC'D:

-----X-----CUT-----X-----CUT-----X-----CUT-----X-----

The person identified on this Temporary License has completed and signed an ASRB Personal License Application to be submitted to the Board.

STATE OF ALABAMA, COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS

____ DAY OF _____, _____

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

ALABAMA SECURITY REGULATORY BOARD TEMPORARY PERSONAL LICENSE

Print Full Name

Date of Application

☐ Security Officer ☐ Armed Security Officer

This document meets all ASRB Temporary License requirements ONCE A PERSONAL APPLICATION HAS BEEN SUBMITTED TO THE BOARD. This document must be carried at all times the Applicant is performing any regulated activity. This Temporary License is valid until a Personal License is either granted or denied by the Board.

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ALABAMA SECURITY REGULATORY BOARD
CERTIFICATION OF TRAINING
610 S. McDonough Street
Montgomery, AL 36104

FOR BOARD USE ONLY
BY: _____ Approved ☐
DATE: _____ Denied ☐

NOTICE: This form must be typed or legibly printed in blue or black ink. All applicable questions must be answered. Indicate not applicable questions by entering "N/A" (not applicable) in the proper field.

Incomplete forms and forms that are not legible will be returned without consideration.

If space provided is not sufficient for complete answers, attach additional sheets as necessary. Number each answer to correspond with the question being answered.

License Applied for: (Check One) ☐ Security Officer ☐ Armed Security Officer

1. PERSONAL INFORMATION

Full Name (LAST, First, Middle)

Date of Birth (MM/DD/YYYY)

2. CERTIFICATION OF TRAINING

Initial/Basic Training: (required to receive a SECURITY OFFICER or ARMED SECURITY OFFICER license)

- ☐ I certify that I have received a minimum of 8 hours of Initial/Basic training from a Certified Trainer.
- Describe the training received in Section 3 of this form and provide proof of training received.

Refresher Training: (required for renewal of a SECURITY OFFICER or ARMED SECURITY OFFICER license)

- ☐ I certify that I have received a minimum of 8 hours of Refresher Training from a Certified Trainer.
- Describe the training received in Section 3 of this form and provide proof of training received.

Armed Security Officer Training: (additional training required to receive or renew an ARMED SECURITY OFFICER license)

- ☐ I certify that I have received a minimum of 4 hours of initial Armed Security Officer training from a Certified Trainer.
- ☐ I certify that I have received a minimum of 2 hours of annual refresher Armed Security Officer training from a Certified Trainer.
- Describe the training received in Section 3 of this form and provide proof of training received.

Exemption: I certify that I am exempt from the Initial/Basic Training requirement as permitted by §34-27C-8(d) because;

- ☐ Within three years before applying to the Board, I have completed basic security training through a military, government, or security training institute that meets or exceeds the initial training required by the Board.
- Describe the training received in Section 3 of this form and provide proof of training received.
- ☐ I am employed by a Contract Security Company that has a training curriculum and standards that meet or exceed the basic training required by the Board.
- Identify the Contract Security Company that you are employed with in Section 3 of this form and provide proof of training received.
- ☐ I am a sworn peace officer or a retired peace officer
- Provide proof of status.
- ☐ I have a minimum of five (5) years of continuous experience as a Security Officer or Armed Security Officer prior to applying to the Board.
- Summarize your continuous experience in Section 3 of this form, to include the name, business address, and contact telephone number for any Contract Security Company that you have worked for to satisfy the five (5) years of continuous experience required by this section.
- ☐ I have less than five (5) years continuous experience as a Security Officer or Armed Security Officer but I have received training as required by §34-27C-8(a) from a person who has become a Certified Trainer as provided for in rules adopted by the Board during my current period of employment.
- Summarize your current period of employment in Section 3 of this form, to include the name, business address, and contact telephone number for any Contract Security Company that you have worked for.
 - Identify the Certified Trainer that you received training from, to include the Certified Trainer's Name and Certification Number, and provide proof of training received

3. DESCRIPTION OF EXPERIENCE/TRAINING

Summarize your experience and/or training in this section. Attach any supporting documentation and/or certificates of training to this form and submit with your Application to the Board.

STATE OF ALABAMA, COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS

APPLICANT SIGNATURE

_____ DAY OF _____, _____

DATE

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

RECEIVED:

REVIEWED:



ALABAMA SECURITY REGULATORY BOARD
AUTHORIZATION FOR RELEASE OF INFORMATION
610 S. McDonough Street
Montgomery, AL 36104
(334) 269-9990 Fax (334) 263-6115

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If space provided is not sufficient for complete answers, attach additional sheets as necessary. Number each answer to correspond with the question being answered.

1. PERSONAL INFORMATION

Full Name (LAST, First, Middle)		Date of Birth (MM/DD/YYYY)
Aliases (any other name you have been known by; e.g., Maiden Name, Married Name, etc... [DO NOT INCLUDE CASUAL NICKNAMES])		
Current Residence (Street Address, City, ST, ZIP)		
Home Phone	Cell Phone	E-Mail

2. DECLARATION OF UNDERSTANDINGS

I understand that the Alabama Security Regulatory Board (herein after, "the Board") will conduct any investigation deemed necessary to ensure that I fulfill all requirements for licensure by the Board.

I understand that inquiries will be made regarding my criminal history.

I understand that inquiry may be made regarding my residential history, employment history (to include disciplinary and training records), school records, financial records, or any other record, information, or knowledge deemed relevant by the Board.

I understand that inquiry may also be made into any history of controlled substance or alcohol abuse by me, and into my mental competency.

3. AUTHORIZATION, WAIVER AND RELEASE

I hereby authorize Alabama Security Regulatory Board (herein after, "the Board") to conduct a background investigation of me to determine my suitability for licensure by the Board.

I hereby waive any provision of law forbidding any court, law enforcement agency, credit reporting agency, employer, school or school official, financial institution, business, or person from disclosing to the Board any record, information, or knowledge concerning me and I give permission without restriction for any court, agency, business, or person to disclose any record, information, or knowledge concerning me to the Board.

I hereby release any court, law enforcement agency, credit reporting agency, employer, school or school official, financial institution, business, or person from any and all claims, demands, losses, suits, and actions of any kind, whether at law, in equity, through litigation or arbitration, in connection with any court, agency, business, or person acting in compliance with any request for records, information, or knowledge about me by the Board.

STATE OF ALABAMA, COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS

APPLICANT SIGNATURE

_____ DAY OF _____, _____

DATE

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

FOR ABI USE ONLY

CRIMINAL HISTORY INFORMATION RELEASE FORM
ABI-46 (Revised 04-15-08)

MAIL REQUEST TO:

ALABAMA BUREAU OF INVESTIGATION
IDENTIFICATION UNIT – RECORD CHECKS
P O BOX 1511
MONTGOMERY, AL 36102-1511

SECTION 1.

Type or print legibly

(*) Required Information

Last Name*

First Name*

Middle Name*

All other names used*

Address

City

State

Zip Code

Date of Birth* (mm/dd/yyyy)

Social Security Number*

Race*

Sex*

Telephone*

SECTION 1.A.

AFFIDAVIT FOR RELEASE OF INFORMATION

I do hereby for myself, my heirs, executors, and administrators release and forever discharge the Alabama Department of Public Safety/ABI and its officers and agents from any and all claims, actions, or causes of action, which may arise as a consequence of the release of the criminal history information.

I certify that I have read this release and that I understand the significance of the same and in witness thereof I have voluntarily signed my name on this the _____ day of _____, 20____.

Signature of Applicant*

Name of Witness (1)

Name of Witness (2)

Address of Witness

Address of Witness

City State Zip Code

City State Zip Code

Sworn to and subscribed before me on this _____ day of _____, 20____.

Signature of Notary Public

My Commission Expires _____, 20____

SECTION 2.

I am possessed of sound mind and legally competent to execute this release. I hereby authorize the Alabama Department of Public Safety/ABI to release any and all criminal history information to,

Name & Address of Requesting Agency, Applicant or Authorized Agent*

Signature & Social Security Number of Applicant or Person to receive results*

Date